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PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

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04/10/2009

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							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/714,389	11/13/2003		Davin C. Dillon		210121.491D1		5757
	COMPOSITIONS AN	D METHODS FOR THE	THERAPY AND DIAGN	OSIS OF BREAST	CANC	CER	
				PREV. PAID ISSU		TOTAL FEE(S) DUE	DATE DUE
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE		EFEE	\$1810	07/10/2009
nonprovisional	NO	\$1510	\$300	\$0		\$1810	07/10/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS				
STRZELECKA, TERESA E 1637 : 536-023100							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).				For printing on the patent front page, list			
CFR 1303).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is latted, no name with be printed.				
Address form PTO/SB/122) attached.							
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.							
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Corixa Corporation			Wilmington, Delaware				
Please check the appropri	iate assignee category o	r categories (will not be p	rinted on the patent):	Individual XX C	orporat	ion or other private gr	oup entity Government
4a. The following fee(s)	are submitted:	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)					
Issue Fee     ☑ Publication Fee (No small entity discount permitted)			☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies3			☑ The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-1090 (enclose an extra copy of this form).				
		4-1	overpayment, to Dep	osit Account Nume	19	=1090 (eliciose a	in extra copy or this torm).
5. Change in Entity Sta	- CMALL ENTITY cts	bue See 37 CFR 1 27	D b. Applicant is no los	nger claiming SMA	LL EN	TITY status. See 37 C	FR 1.27(g)(2).
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Authorized Signature	140	Mal		Date <u>May</u>			
Typed or printed name Jylie A. Urvater, Ph.D.			Registration No. 50,461				
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